

**Authorized Contacts:**

List individuals below authorized to contact us on behalf of the Beneficiary  
*(check all that apply)*

	Communicate	Receive Statements	Submit Disbursements
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____ _____			
Telephone No.: _____			
Relationship: _____			

	Communicate	Receive Statements	Submit Disbursements
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____ _____			
Telephone No.: _____			
Relationship: _____			

	Communicate	Receive Statements	Submit Disbursements
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____ _____			
Telephone No.: _____			
Relationship: _____			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date